



NEW HAMPSHIRE MEDICAID

273S FFS
10/2018**REQUEST FOR SERVICE AUTHORIZATION
FOR SURGICAL PROCEDURES,
INCLUDING ORGAN TRANSPLANTS**

Fee-for-Service (FFS) Program Only –

Not for Managed Care program use

PLEASE PRINT OR TYPE ALL INFORMATION (All fields are required)

Instructions for filling out this form are attached.

For State use only.

APPROVED

Date: _____ By: _____

Dates of Service: _____

EPSDT: _____ SA #: _____

RECIPIENT INFORMATION

RECIPIENT NAME: _____ DATE OF BIRTH: _____

RECIPIENT MEDICAID ID #: _____ DIAGNOSIS CODES: _____

ALTERNATE INSURANCE: NAME OF PLAN _____

PROVIDER INFORMATION

DATE(S) OF SERVICE: _____	CONTACT PERSON: _____
TELEPHONE #: _____	FAX #: _____
PHYSICIANS GROUP: _____	GROUP MEDICAID ID #: _____
PERFORMING SURGEON _____	PERFORMING SURGEON MEDICAID ID # _____
PERFORMING FACILITY: _____	PERFORMING FACILITY MEDICAID ID #: _____
CPT CODE(S): _____	SCHEDULING FACILITY FAX #: _____

SURGIAL PROCEDURE OR TYPE OF ORGAN TRANSPLANT FOR WHICH SERVICE AUTHORIZATION IS BEING REQUESTED

Procedure	CPT Code	Corresponding ICD-CM Code

*****ATTACH SUPPORTING DOCUMENTATION*****

Pursuant to He-W 531.07(d) Prior authorization requested in accordance with 531.07(a) through (c) shall be approved by the department's prior authorization agent if the department's prior authorization agent determines that the submitted documentation supports the applicable requirements in He-W 531.05.

PERFORMING PROVIDER SIGNATURE

To the best of my knowledge, the above information is true and accurate and supports medically necessary criteria as specified in the Physician Services rule (He-W 531) for the surgical procedure/organ transplant identified above.

Performing Provider Signature

Date

Print Name

Title

Specialty (if applicable)

Approval is a determination that the services requested are medically necessary and not a guarantee of payment.

PLEASE FORWARD THIS INFORMATION TO ATTENTION – MEDICAID MEDICAL SERVICES BY FAX OR MAIL
129 Pleasant St ■ Concord, NH 03301 ■ FAX: (603) 271-8194



**INSTRUCTIONS FOR SURGICAL PROCEDURES AND TRANSPLANTS:
FORM 273S FFS REQUEST FOR SERVICE AUTHORIZATION FOR SURGICAL
PROCEDURES, INCLUDING ORGAN TRANSPLANTS**

This form must be filled out pursuant to He-W 531.07(d) Prior authorization requested in accordance with 531.07(a) through (c) shall be approved by the department's prior authorization agent if the department's prior authorization agent determines that the submitted documentation supports the applicable requirements in He-W 531.05.

Please note that before this form is filled out, **it is your responsibility to verify eligibility** of the recipient for the Fee-for-Service (FFS) program. That can be done by calling the number on the back of the recipient's Medicaid card; calling Conduent at 866-291-1674; looking directly in the MMIS system; or using the software your office has to access the information.

The first two sections are the Recipient Information and Provider Information and should be filled out accordingly. Note that the performing surgeon and performing facility will have different Medicaid ID numbers.

The next section is what you are requesting. Fill in a description of the procedure, the Procedure Code and the corresponding ICD-CM Code.

The section following is the legal information with references to the Medicaid rule, for your convenience. The signature should be that of the surgeon performing the procedure.

Attach the Physicians order, the Letter of Medical Necessity, and clinical notes supporting the request. Fax all documentation and the Service Authorization Request form to 603-271-8194. You will receive a fax from the state with the approval information or a request for more information.

Once the Request for Service Authorization has been approved by the State it is sent to the Fiscal Agent, Conduent, to create the authorization. Conduent has three business days to create and mail the authorization to the performing provider. If you have questions, please call Conduent at 1-866-291-1674.

Approval is a determination that the services requested are medically necessary and not a guarantee of payment.